## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informat	ion													<del></del>		
1. Name and Mailing Address of	f Resp	endent														
Inland Long Distance Company dba Inland Networks P.O. Box 904 Roslyn, WA 98941														Check here if this is a change of address.		
2. Year Report Filed  3. Reporting Period (Ending Date of Pay Period (Covered by Report)  4. Number of Full-Time Employees during Selected Reporting Period (check one):													<b>1</b>		_	
2018		-15/201			Reporting Period (check one):  a.											
SECTION II - Full-Time Employ	yees.														· · · · · · · · · · · · · · · · · · ·	
	İ								ber of Emplo		·)					
Job		Race/Ethnicity														
Categories		Hispanic or Not-Hispanic or Latino											Total			
		Lat	tino		-	Ma	ale					Female				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian cr Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
	Γ	Α	В	С	D	E	F	G	н	ı	J	к	L	м	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Warkers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0

		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												Total
				Male Female											Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Disc	rimina	tion Comp	laints Pursu	ant to 47 CFI	R 22.321, 23.	55, 90.168, 10	1.4, and 101	1.311.								
This is to advise company before.  This is to advise (Attach a list indicate)	any boo the Cor	dy having or mmission th	ompetent juris at the following	sdiction in suc ng complaints	ch matters du alleging viola	ring the calend ations of the pr	ar year cove ovisions of a	ered by this re any equal emp	port. loyment oppor	tunity statute	e have been fi	led against this	s company.			
SECTION V - Certification	lanat	dao istro	ation and to	iof all state	onto in this	anad are tare -	nd corest									
Date	he best of my knowledge, information, and belief, all statements in this report are true and correct.  Typed or Printed Name of Person Signing Signature Telephone No.															
03/26/2018	1		Brooks	on organity			4	mo	ZV.	not	Ex.		200	649-3700	)	
Title of Person Signing Treasurer/Control	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).															